

Foster Family Home - Corrective Action Report

Provider ID: 1-512229

Home Name: Odette Josue, NA

1719 A Owawa Street

Honolulu

HI 96819

Review ID: 1-512229-7

Reviewer: Maribel Nakamine

Begin Date: 9/29/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/29/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home

Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's Ecrim lapsed on 12/5/19 and renewed on 1/8/2020. CG#2's APS/CAN/Fingerprinting lapsed on 5/23/19 and renewed on 5/31/19. CG#3's Ecrim lapsed on 12/5/19 and renewed on 1/8/2020. HHM#1, HHM#2, and HHM#3's Ecrim all lapsed on 12/5/19 and renewed on 1/8/2020. HHM#4 without current APS/CAN/Fingerprinting result seen in home binder.

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- CG#2, CG#3, HHM#2, HHM#3, HHM#4, HHM#1 all have no signatures on Confidentiality Training form.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1)- CG#1 unable to prove that she is a co-owner of the home.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#3 - no signatures noted on Emergency Preparedness Plan.

Foster Family Home - Corrective Action Report

Foster Family Home

Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No Admission Policy and Agreement done on admission for Client #1 and Client #2.

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(a)(1)- Emergency Evacuation Map does not include the upstairs part of the CCFFH.

54.(c)(6)- Last progress note entry for Client #1 was on 2/15/2020.

Therick Nakamire, RN

Compliance Manager

Adette A. Jones

Primary Care Giver

9/29/2020

Date

9/29/2020

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Odette Josue

CCFFH Address: 1719 A Dwawa Street, Honolulu, Hawaii 96819

Rule Number	Corrective Action Taken – How was each issue fixed for each violation	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future
6.(d)(1)	All required documents in the Chapter were obtained and up to date for 2 person CCFFH recertification,	10/29/2020	PCG to review the recertification requirements on a monthly basis. Make a tickler to note all the requirements due dates.
8.(a)(1)	Be subject to criminal history record checks in accordance with section 846-2.7.HRS. Current criminal records are on file.	10/29/2020	Schedule an appointment 1 month before the expiration date.
8.(a)(2)	Be subject to adult protective services service perpetrator checks if the individual has direct contact with a client. Current and up to date APS/CAN/Fingerprinting completed and on file in the home binder.	10/29/2020	Schedule an appointment 1 month before the expiration date.
16.(b)(5)	Provided training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client's. All training are signed for all the employees and on file in the folder.	10/29/20	Tickler are developed for the reminders of needed education and ensure that the education certificate are completed and signed.
41.(a)(1)	Provide a title of the residence as an evidence that PCG is a co-owner of the property for the CCFFH. Obtained a letter from Bart and Liza Cabaccang to certify that Odette is a co-owner of the property.	10/29/20	Keep the title and letter on file folder.
50.(a)	Completed a home documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to.	10/29/20	Developed a copy of the Emergency preparedness plan. Ensure that all documents are signed and dated by the PCG and household members.
53.(a)	A copy of the Admission Policy and Agreement done on admission for Client #1 and Client #2 are provided and filed in the binder.	10/29/20	Ensure a checklist on admission should be completed and file kept in the client's binder upon admission.
54.(a)(1)	An updated Emergency Evacuation Map to include the upstairs part of the CCFFH has been completed.	10/29/20	Ensure that the Emergency Evacuation Map is complete and updated.

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: Odette Josue

CCFFH Address: 1719 A Dwawa Street, Honolulu, Hawaii 96819

54.(c)(6)	PCG will do a daily documentation of the provisions of services through personal care of skilled nursing daily checklist. All disciplines such as RN, SW monitoring flow sheets, client's observation sheets and significant events that may impact the life, health, safety, or welfare of, or the provisions of services to the client, including but not limited to adverse events are completed.	10/29/20	Keep all progress notes of the care provided, any adverse events are documented in a timely manner. Keep all the documents up to date.
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All items that were fixed are attached to this CAP

Odette Josue

Primary Care Giver

10/19/20

Date



CTA has reviewed all corrected items